

ESGP REQUEST FOR AMENDMENT
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 52679 (11/00)

DIVISION OF COMMUNITY SERVICES REQUEST FOR AMENDMENT							
1. Recipient Name & Address		2. Instrument Number			3. Amendment Number		
		4. Approved Grant Period			5. Date of Request		
6. Type of Amendment A. <input type="checkbox"/> Special Condition B. <input type="checkbox"/> Budget Revisions C. <input type="checkbox"/> Scope of Work D. <input type="checkbox"/> Extension of Time Revised Date _____							
7. Explanation for Request (Attach Additional Page if Necessary)							
8. Housing Approved # of Units _____ Revised # of Units _____							
9. Effect of Request							
Activity	Approved DCS Budget	Local Funds	Other Public Funds	Revised DCS Budget	Revised Local Funds	Revised Public Funds	Total Budget
Admin.							
Total Revision (+/-)							
Total Budget							

10. Submitted By : (Chief Elected Official)

Signature _____

Name _____

Title _____

Date _____

11. Action Taken (***DCS USE ONLY***)

Approved ☐

Disapproved ☐

Signature _____

Name _____

Title _____

Date _____

REQUEST FOR AMENDMENT DIRECTIONS

- Block 1: Enter the official mailing address of the grantee.
- Block 2: Enter the DCS assigned on the Financial Award.
- Block 3: Amendment requests are to be numerically accounted for locally. Indicate the appropriate request number.
- Block 4: Enter the Approved Budget/Project Period from the Financial Award.
- Block 5: Enter date of the preparation of the Request for Amendment.
- Block 6: Place a mark in the appropriate space to reflect the type of amendment being requested.
- Block 7: Provide a detailed explanation of the amendment, to include the reason and the results. For instance, if the request is for an increase in the number of homes to be rehabilitated, indicate the number of homes completed, the number of additional homes to be rehabilitated, the amount of funds available to rehabilitate the additional homes, and provide an explanation of why additional funds are available.
- Block 8: To be completed if a change in approved budget or number of homes to be rehabilitated occurs.
- Block 9: To be completed if a change in the Authorized Budget occurs.
- Block 10: Enter the name and title of the Chief Elected Official. This is the individual who signed the Financial Award.
- Block 11: For DCS use only.